

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO	FILING DATE	
						APPLICANT'S		
C CLAIMS								
CLAIM NO.	AS FILED		AFTER SEARCHED AND SEARCHED		AFTER SEARCHED AND SEARCHED		NO.	O.C.P.
	IHO.	O.C.P.	IHO.	O.C.P.	IHO.	O.C.P.		
1							61	
2							62	
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35							95	
36							96	
36							97	
37							98	
38							99	
39							100	
40							TOTAL IHO.	
41							TOTAL O.C.P.	
42							TOTAL TOTAL	
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IHO.	7		7					
TOTAL O.C.P.	31		31					
TOTAL TOTAL	38		38					